One Utah Center 201 South Main Street, Suite 2100 Salt Lake City, UT 84111 (801) 220-4140 - FAX (801) 220-4725



A Subsidiary of PacifiCorp

HAND DELIVERED

March 23, 2006

Ms. Pamela Grubaugh-Littig
Permit Supervisor
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

RE: Notice of Change in Ownership – Replacement Certificates of Liability Insurance Effective March 21, 2006, Policy No. Period from 8/28/2005 to 8/28/2006; Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019 and Trail Mountain Mine C/015/009, Folder #2, Emery County, Utah

Dear Pam:

Effective as of March 21, 2006, MidAmercian Energy Holdings Company of Des Moines, Iowa has completed its purchase of PacifiCorp from ScottishPower. This change in the ultimate owner of PacifiCorp does not affect the current permittee under the above captioned permits.

In the coming weeks, we will provide you with updated ownership and control information for insertion into the referenced mine permits. Meanwhile, with this transaction now consummated enclosed are certificates of liability insurance for the referenced coal mine operations to replace the existing certificates currently on file. The effective policy number and term of August 28, 2005 to August 28, 2006 coincides with MidAmerican Energy Holdings Company existing coverage. Coverage for PacifiCorp and its subsidiaries became effective under these policies March 21, 2006. On or before August 28, 2006, a new set of certificates for the upcoming full annual period will be forwarded.

Should you have any questions or need any additional information regarding this submittal, please feel free to contact me at 801-220-4612.

moun

Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2006-02.doc

CC:

PacifiCorp Energy w/encl. NTO 320 – R. Lasich IMC - D.W. Jense, B. King, N. Getzelman EWMC w/encl. - D. Johnson, C. Semborski, D. Oakley PacifiCorp Risk Mgmt. w/encl. LCT 1800 – K. Reinhart

RECEIVE

MAR 2 3 2006

DIV. OF OIL, GAS 3 3 4 4 4

2/012/08/7

Permit Number: C/015/017

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DES/BEE/DOVE (Mine Name)

C/015/017 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/05 to 8/28/06 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett (Agent's Name)

201-521-4595 (Phone)

AEGIS Insurance Services (Company Agent's Name)

10 Exchange Place (Mailing Address)

Jersey City, New Jersey 07302 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification post be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

17th day of MRRCH

(Signature)

2008

My commission Expires:

IVETTE BRITO
NOTARY PUBLIC
STATE OF NEW JERSEY

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: August 28, 2005

PERIOD: To:

August 28, 2006

DESCRIPTION OF COVERAGE:

Claims-First-Made Excess Liability Policy covering claims for Bodily Injury,

Property Damage and Personal Injury arising from the operations described

below

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Des/Bee/Dove: C/015/017

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: March 13, 2006

ADDRESS:

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

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At Jersey & ty, New Jersey

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PHONE (402) 697-1400 FAX-(402) 697-0017			INSU	JRERS AFFORDI	NG COVERAGE		NAIC#
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an	cifiCorp dba Pacific Power & d dba Utah Power & Light	Light	INSURER B:				
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	OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS				E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	-	
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	State of Utah, Dept of Natura Resources, Division of Oil, o 356 W. North Temple Salt Lake City UT 84180-1203	al Gas & Mining	SHOULD ANY OF THE A DATE THEREOF, THE 1 IS DAYS WRITTEN NOT	SSUING INSURER WIL TICE TO THE CERTIFIC	ICIES BE CANCELLED BEFORE LENDEAVOR TO MAIL ADE HOLDER NAMED TO THE LI LIGATION OR LIADILITY	THE EXPIRAT	TION
0470 Lance City 01 04200 2203 00A			MENT/SPECIAL PROVISIONS COVERED. Insurance Company will notify the State of Utah of SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBJUSTION OR LIMBERTY OF ANY KIND UPON THE INSURER, ITS ACTIFS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				
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Permit Number: C/015/018

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DEER CREEK (Mine Name)

C/015/018 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/05 to 8/28/06 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett (Agent's Name)

201-521-4595 (Phone)

AEGIS Insurance Services (Company Agent's Name)

10 Exchange Place (Mailing Address)

Jersey City, New Jersey 07302 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by _____

his _____ day of \$\mathbb{N}\$

2006

(Sibnature)
IVETTE BRITO
NOTARY PUBLIC

STATE OF NEW JERSEY OMMISSION EXPIRES JULY 20, 2009

My commission Expires:

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: August 28, 2005

PERIOD: To:

August 28, 2006

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Deer Creek: C/015/018

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: March 13, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

At Jersey City New Jersey

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PHONE (402) 697-1400	INS	INSURERS AFFORDING COVERAGE						
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825 NE Multnomah, #1800 Portland OR 97232 USA		INSURER C:						
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT				
ANY PROPRIETOR / PARTNER / EXECU OFFICER/MEMBER EXCLUDED?	live			E.L. DISEASE-EA EMPLOYEE				
If yes, describe under SPECIAL PROVISIO below	is			E.L. DISEASE-POLICY LIMIT				
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State of Utah, Dept of Na Resources, Division of Oi 356 W. North Temple Salt Lake City UT 84180-1	tural I, Gas & Mining	SHOULD ANY OF THE A DATE THEREOF, THE I 45 DAYS WRITTEN NO BUT FAILURE TO DO SO OF ANY KIND UPON TH	BOVE DESCRIBED POL	ICIES BE CANCELLED BEFORE I LENDRAYOR TO MAIL ITE HOLDER NAMED TO THE LE LLCATION OR LABILITY FOR REPRESSION TATIVES.	THE EXPIRATI	tah of		
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Permit Number: C/015/019

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

COTTONWOOD/WILBERG (Mine Name)

C/015/019 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/05 to 8/28/06 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett (Agent's Name)

201-521-4595 (Phone)

AEGIS Insurance Services (Company Agent's Name)

10 Exchange Place (Mailing Address)

Jersey City, New Jersey 07302 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

Levin

sworn belote the by

2006

IVERICE PROTUTE)

STATE OF NEW JERSEY
MY COMMISSION EXPIRES JULY 20: 2009

(Date)

My commission Expires

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

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NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: August 28, 2005

PERIOD:

To: August 28, 2006

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Cottonwood/Wilberg: C/015/019

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: March 13, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

Jersey City New Jersey

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		fiCorp dba Pacific Power & dba Utah Power & Light	Light	INSURER B:			-	
	825	NE Multnomah, #1800		INSURER C:	,			
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A		GENERAL LIABILITY		08/28/05	08/28/06	EACH OCCURRENCE	\$	2,000,000
		X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)		
				i		PERSONAL & ADV INJURY		
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		GEN'L AGGREGATE LIMIT APPLIES PER:			,	PRODUCTS - COMP/OP AGG		
		POLICY PRO- LOC						
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INTURY (Per person)		
		HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)		
						PROPERTY DAMAGE (Per accident)		
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT		
						OTHER THAN EA ACC AUTO ONLY: AGG		
A		EXCESS JUMBRELLA LIABILITY		08/28/05	08/28/06	EACH OCCURRENCE	\$20	0,000,000
		OCCUR X CLAIMS MADE				AGGREGATE	\$20	0,000,000
		DEDUCTIBLE			•			
		RETENTION						
\vdash		WORKERS COMPENSATION AND			70000	WC STATU- OTH-		
	ļ	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE				EL EACH ACCIDENT		
	1	OFFICER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPLOYEE		
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-POLICY LIMIT		
		OTHER				·		
<u> </u>	<u> </u>							
Dam	age d chan	NOF OPERATIONS/LOCATIONS/VEHRCLES/EX due to the use of explosive nges or cancellation. Lonwood/Wilburg: C/015/019	CLUSIONS ADDED BY ENDORSEM s and subsidence is	ENT/SPECIAL PROVISION COVERED. Insu	vs rance Company	will notify the Sta	ate of U	tah of
				MCETEVILLE				
	St. Re 35	ate of Utah, Dept of Natura sources, Division of Oil, o 6 W. North Temple lt Lake City UT 84180-1203	al Gas & Mining	SHOULD ANY OF THE A	BOVE DESCRIBED POL SSUING INSURER WILL	ICIES BE CANCELLED BEFORE LEADEAVOR TO MAIL ATTE HOLDER NAMED TO THE LE LIGATION OR LIABILITY SUR REPRESENT FALS.	THE EXPIRAT	Itah of
				AUTHORIZED REPRESENTATIVE				
	ORD	Made and Carlo					SEMECH	TON HORR

Permit Number: C/015/009

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE (Mine Name)

C/015/009 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/05 to 8/28/06 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett (Agent's Name)

201-521-4595 (Phone)

AEGIS Insurance Services (Company Agent's Name)

10 Exchange Place (Mailing Address)

Jersey City, New Jersey 07302 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

nis May of MA

2006

(Signature) IVETTE BRITO NOTARY PURI (

STATE OF NEW JERSEY
MY COMMISSION EXPIRES JULY 20, 2009

My commission Expires:

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY Fr

From: August 28, 2005

PERIOD:

To:

August 28, 2006

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Trail Mountain Mine: C/015/009

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver-te give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undereigned or any agent or representative of either.

DATE: March 13, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

DV.

At Jersey City New Jersey

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Omaha NE 68154 USA PHONE (402) 697-1400 FAX (402) 697-0017			INSURERS AFFORDING COVERAGE						
INSU		2) 09/1400	(402) 037-0017	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS					
		iCorp dba Pacific Power & ba Utah Power & Light	Light	INSURER B:					
	825 N	E Multnomah, #1800		INSURER C:					
	POPE	and OR 97232 USA		INSURER D:					
				INSURER E:					
TH AN PE AC	E POLIC IY REQU RTAIN, IGREGA	ZIES OF INSURANCE LISTED BELOW I JIREMENT, TERM OR CONDITION OF THE INSURANCE AFFORDED BY THE TE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER D POLICIES DESCRIBED HEREIN	OCUMENT WITH RE	VE FOR THE POLICY	PERIOD INDICATED. NOT	VITHSTAN	MAY	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM\DD\YY)	POLICY EXPIRATION DATE(MM\DD\YY)	LIMITS			
A	g	ENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE OCCUR		08/28/05	08/28/06	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurence) MED EXP (Any one person)	\$:	2,000,000	
						PERSONAL & ADV INJURY			
	┞			-		GENERAL AGGREGATE	S:	2,000,000	
		POLICY PRODUCT LOC				PRODUCTS - COMP/OP AGG			
	Î	ANY AUTO				COMBINED SINGLE LIMIT (Es accident)			
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)			
		HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)			
				-		PROPERTY DAMAGE (Per accident)			
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT			
A		EXCESS /UMBRELLA LIABILITY				OTHER THAN EA ACC AGG			
^	اً ا	OCCUR X CLAIMS MADE		08/28/05	08/28/06	EACH OCCURRENCE		0,000,000	
		DEDUCTIBLE X RETENTION				AGGREGATE	320	7,000,000	
	E	YORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT			
		NY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPLOYEE		· · · · · · · · · · · · · · · · · · ·	
		f yes, describe under SPECIAL PROVISIONS velow				E.L. DISEASE-POLICY LIMIT			
	C	THER			· · · · · · · · · · · · · · · · · · ·	***************************************			
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6)1/1	Sta Res 356	te of Utah, Dept of Natur ources, Division of Oil, W. North Temple t Lake City UT 84180-1203	al Gas & Mining	DATE THEREOF, THE I 45 DAYS WRITTEN NOT	SSUING INSURER WILL TOE TO THE CERTIFICA	ICIES BE CANCELLED BEFORE T L ENDEAVOR TO MAIL ITE HOLDER NAMED TO THE LEI LIGATION OR LABELITY S OR REPRESENTATIVES.		tah of	
				AUTHORIZED REPRESENTATIVE					